

### CERTIFICATION OF OUT-OF-STATE LICENSURE AND EXAMINATION GRADES

#### APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Be sure to enter your name exactly as it appears on your Licensure Application (Form 1) and sign and date the appropriate authorization in item #8.
2. Send this form to the licensing authority in the appropriate jurisdiction where you are or have been licensed. Ask the licensing authority to complete Section II and return the form directly to the Office of the Professions. Be sure to include any fee required. Examination grades should be reported by the jurisdiction in which the examination was taken. Applicants who are licensed in another jurisdiction must have a Form 3 submitted from each jurisdiction where a license was granted.

#### SECTION I: APPLICANT INFORMATION

**1 SOCIAL SECURITY NUMBER**    -

(Leave this blank if you do not have a U.S. Social Security Number)

**2 BIRTH DATE**

Month Day Year

**3 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)**

Last

First

Middle

**5 TELEPHONE/E-MAIL**

Home  
   -

Area code Number

Work  
   -

Area code Number

**4 MAILING ADDRESS** (You must notify the Department promptly of any address or name changes.)

Apt./Bldg.

Street

City

State  Zip Code

Province/Country   
If not U.S.

E-mail \_\_\_\_\_

**6** If you entered a licensing examination in the United States using a different name, enter that name below:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**7** If you were licensed by examination in the United States or Canada, give state, territory or province: \_\_\_\_\_

**8** Enter the name of the licensing authority: \_\_\_\_\_

I request and give permission to the licensing authority named above to complete the information on this form and send any documentation requested including that requested on this form to the New York State Education Department.

I am a licensed psychologist of your jurisdiction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## SECTION II: CERTIFICATION OF LICENSURE

**INSTRUCTIONS TO THE LICENSING AUTHORITY:** Please complete this section and sign and date the certifying statement. This form must be returned directly to the Office of the Professions at the address at the end of the form. This form will not be accepted if returned by the applicant.

1. Exact title under which the applicant was licensed or certified as a psychologist: \_\_\_\_\_
2. License Number: \_\_\_\_\_ Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.
3. Is the applicant currently licensed or registered to practice?  Yes  No
4. Was the license granted at the independent practice level and based upon having received a doctoral degree in psychology?  Yes  No
5. Was the license based on the ASPPB examination entitled Examination for Professional Practice in Psychology administered in 1977 or thereafter on national testing dates for the written form or by computerized examination?  Yes  No

If yes,  
Date on which the exam was administered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

Raw score achieved by applicant: \_\_\_\_\_ Form number of the exam: \_\_\_\_\_

6. If the psychologist was licensed or certified **without** examination, please explain on what basis the license or certificate was granted:  
(attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If the exam was "waived", please provide dates of waiver period in your state or province: \_\_\_\_\_
8. If licensure or certification involved any special condition, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was there ever any disciplinary action against this license?  Yes  No  
If so, please explain (attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are there any disciplinary charges pending against this license?  Yes  No  
If so, please explain (attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred or sustained except as noted in questions 9 and 10 above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

Print name: \_\_\_\_\_

Name of licensing authority: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(SEAL OF LICENSING  
AUTHORITY)**

**RETURN DIRECTLY  
TO:** 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychology  
Unit, 89 Washington Avenue, Albany, NY 12234-1000.